

County: Dane  
 ATTIC ANGEL PLACE HEALTH CENTER  
 8301 OLD SAUK ROAD  
 MIDDLETON 53562 Phone: (608) 662-8842

Facility ID: P010

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Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/03): 43  
 Total Licensed Bed Capacity (12/31/03): 44  
 Number of Residents on 12/31/03: 43  
 Ownership: Non-Profit Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? No  
 Average Daily Census: 40

Services Provided to Non-Residents	Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	14.0
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years	46.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years	16.3
Day Services	No	Mental Illness (Org./Psy)	27.9	65 - 74	4.7	-----	-----
Respite Care	Yes	Mental Illness (Other)	2.3	75 - 84	18.6	-----	76.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	60.5	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	14.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	4.7	-----	-----	Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures	4.7	-----	100.0	(12/31/03)	
Other Meals	No	Cardiovascular	9.3	65 & Over	97.7	-----	
Transportation	No	Cerebrovascular	16.3	-----	-----	RNs	14.9
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	1.7
Other Services	Yes	Respiratory	0.0	-----	-----	Nursing Assistants,	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	34.9	Male	9.3	Aides, & Orderlies	
Provide Day Programming for Developmentally Disabled	No	-----	100.0	Female	90.7	-----	
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Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	2	5.3	251	0	0.0	0	0	0.0	0	0	2	4.7
Skilled Care	5	100.0	213	0	0.0	0	0	0.0	0	36	94.7	232	0	0.0	0	0	0.0	0	41	95.3	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	5	100.0	---	0	0.0	---	0	0.0	---	38	100.0	---	0	0.0	---	0	0.0	---	43	100.0	

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03					
		Activities of	%	% Needing Assistance of	% Totally	Total	
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents	
Percent Admissions from:		Bathing	2.3	32.6	65.1	43	
Private Home/No Home Health	7.3	Dressing	9.3	34.9	55.8	43	
Private Home/With Home Health	9.1	Transferring	4.7	44.2	51.2	43	
Other Nursing Homes	7.3	Toilet Use	2.3	67.4	30.2	43	
Acute Care Hospitals	65.5	Eating	53.5	30.2	16.3	43	
Psych. Hosp.-MR/DD Facilities	0.0	*****					
Rehabilitation Hospitals	0.0	Continence		%	Special Treatments	%	
Other Locations	10.9	Indwelling Or External Catheter	7.0		Receiving Respiratory Care	11.6	
Total Number of Admissions	55	Occ/Freq. Incontinent of Bladder	51.2		Receiving Tracheostomy Care	0.0	
Percent Discharges To:		Occ/Freq. Incontinent of Bowel	39.5		Receiving Suctioning	0.0	
Private Home/No Home Health	11.3	Mobility			Receiving Ostomy Care	0.0	
Private Home/With Home Health	28.3	Physically Restrained	0.0		Receiving Tube Feeding	0.0	
Other Nursing Homes	5.7					Receiving Mechanically Altered Diets	32.6
Acute Care Hospitals	7.5	Skin Care			Other Resident Characteristics		
Psych. Hosp.-MR/DD Facilities	0.0	With Pressure Sores	2.3		Have Advance Directives	100.0	
Rehabilitation Hospitals	1.9	With Rashes	0.0		Medications		
Other Locations	15.1					Receiving Psychoactive Drugs	44.2
Deaths	30.2	*****					
Total Number of Discharges (Including Deaths)	53						

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 Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership:		Bed Size:		Licensure:		All Facilities	
		Nonprofit %	Peer Group Ratio	Under 50 %	Peer Group Ratio	Skilled %	Peer Group Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.9	92.0	0.99	84.7	1.07	88.1	1.03	87.4	1.04
Current Residents from In-County	86.0	85.9	1.00	77.5	1.11	82.1	1.05	76.7	1.12
Admissions from In-County, Still Residing	29.1	22.1	1.32	25.1	1.16	20.1	1.45	19.6	1.48
Admissions/Average Daily Census	137.5	138.9	0.99	104.2	1.32	155.7	0.88	141.3	0.97
Discharges/Average Daily Census	132.5	139.5	0.95	107.9	1.23	155.1	0.85	142.5	0.93
Discharges To Private Residence/Average Daily Census	52.5	64.3	0.82	28.9	1.81	68.7	0.76	61.6	0.85
Residents Receiving Skilled Care	100	96.1	1.04	93.8	1.07	94.0	1.06	88.1	1.14
Residents Aged 65 and Older	97.7	96.4	1.01	95.8	1.02	92.0	1.06	87.8	1.11
Title 19 (Medicaid) Funded Residents	0.0	55.4	0.00	56.9	0.00	61.7	0.00	65.9	0.00
Private Pay Funded Residents	88.4	32.6	2.71	33.8	2.61	23.7	3.73	21.0	4.22
Developmentally Disabled Residents	0.0	0.6	0.00	1.4	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	30.2	36.2	0.84	38.3	0.79	35.8	0.84	33.6	0.90
General Medical Service Residents	34.9	24.3	1.43	16.9	2.06	23.1	1.51	20.6	1.70
Impaired ADL (Mean)	65.6	50.5	1.30	50.8	1.29	49.5	1.32	49.4	1.33
Psychological Problems	44.2	58.5	0.75	56.3	0.78	58.2	0.76	57.4	0.77
Nursing Care Required (Mean)	5.8	6.8	0.85	6.9	0.84	6.9	0.84	7.3	0.79